

Pension Confirmation Form

To: Lloyds Banking Group [Name and address of business area]

Type of Pension Scheme (e.g. SIPP, SSAS, Occupational, FURBS)	TOOKMAN SSAS.	
Full name and correspondence address of Scheme	OLIVER TOOKMAN ALDRICH HOUSE VICARAGE FARM ROAD PETERBOROUGH, PE1 5TP.	
Is scheme registered with HMRC? (delete as appropriate)	<input checked="" type="radio"/> Yes / <input type="radio"/> No	If yes, please provide HMRC registration no: 00765755A.
(A) Full Name and address of Employer	ROBERT GODDARD LIMITED ALDRICH HOUSE VICARAGE FARM ROAD PETERBOROUGH PE1 5TP.	
(B) Company Registration Number	06530796.	
Does employer pay premiums/contributions? (delete as appropriate)	NO.	
Full Name and address of Professional Scheme Trustee (if applicable)	N/A.	
All Other Trustees* (SEE ADDITIONAL SHEET).		
Full Name	OLIVER TOOKMAN	PAUL TOOKMAN
Home Address	160 HARTFORD ROAD HUNTINGDON PE29 1XQ.	134 HARTFORD ROAD HUNTINGDON PE29 1XQ.
Date of Birth	27/05/1988.	05/03/1958.
Nationality	BRITISH	BRITISH
Country of Residence	ENGLAND.	ENGLAND.
Scheme Member (not required if account is for Pension scheme itself)		
Full Name		
Home Address		
Date of Birth		
Nationality		
Country of Residence		
* Continue on additional sheets if necessary.		



Expected Account Activity: e.g. no of transactions / total value / time account to be open.	- APPROX. 100 TRANSACTIONS PER ANNUM. - TOTAL VALUE OF TRANSACTIONS IS £20,000 PER ANNUM. - ACCOUNT TO REMAIN OPEN INDEFINITELY.	
I certify that I have reviewed the Pension Trust Deed in respect of the above named Pension Scheme and:		
<ul style="list-style-type: none"> • The pension has been properly constituted. • The details shown above are complete and accurate. • The Trustees are empowered to open an account at Bank of Scotland plc/Lloyds Bank plc. • The Trustees are empowered to operate the account / to appoint representatives to operate the account. • To facilitate operations on the bank account the Trustees are empowered to utilise any electronic banking service available from Lloyds Banking Group. • Third party payments <u>are/are not</u> permitted (delete as appropriate) • The Trust Deed will be available for inspection by the Bank, if required and that the copy will be retained for a period of 6 years after the account has closed • The signatories on the attached account mandate have been authorised to act by the trustees of the scheme / the trustees representatives. • The scheme rules do not permit the assignment of a member's interest under the scheme. 		
We permit Bank of Scotland plc/Lloyds Bank plc to make enquiries of HMRC to confirm this scheme is registered with them for tax relief and exemptions. We authorise HMRC to provide this information to Bank of Scotland plc/Lloyds Bank plc upon request.		
Signature:		
Printed Name:		
For and On Behalf Of:		
Date:		
Regulatory Body and Reg No (if applicable): e.g Law Soc, ICAEW, FCA.		

ADDITIONAL SHEET.

Pension Confirmation Form

To: Lloyds Banking Group [Name and address of business area]

Type of Pension Scheme (e.g. SIPP, SSAS, Occupational, FURBS)		
Full name and correspondence address of Scheme		
Is scheme registered with HMRC? (delete as appropriate)	Yes/No	If yes, please provide HMRC registration no:
(A) Full Name and address of Employer		
(B) Company Registration Number		
Does employer pay premiums/contributions? (delete as appropriate)		
Full Name and address of Professional Scheme Trustee (if applicable)		
All Other Trustees*		
Full Name	ANNA TOOKMAN	
Home Address	134 HARTFORD ROAD HUNTINGDON PE29 1XQ.	
Date of Birth	29/04/1960	
Nationality	NETHERLANDS	
Country of Residence	ENGLAND.	
Scheme Member (not required if account is for Pension scheme itself)		
Full Name		
Home Address		
Date of Birth		
Nationality		
Country of Residence		
* Continue on additional sheets if necessary.		